Whānau Ora Minister Tariana Turia sent a strong reminder to participants at a recent Wellington conference that ‘whānau must be the architects of their own futures and the Government will not and cannot fix people’.

‘Whānau Ora is an approach designed to change that dynamic,’ she told the welfare and social sector conference. ‘This means returning the power to whānau to take responsibility for themselves.

‘The first and most obvious point I want to make is that Whānau Ora is about whānau. Everything we do must connect to improving outcomes for whānau. To do this, we must think beyond the individual. We must recognise that they belong to whānau who have aspirations and needs and skills that they can offer.’

This required a profound change to the way policies, programmes and services were currently designed and delivered. ‘Recognising that family members are interconnected and do not live in isolation of each other, service providers must align their interaction to better support whānau wellbeing.’

Over the last year the Whānau Ora philosophy has resonated with whānau and resulted in stronger than expected participation by service providers.

With 25 collectives comprising 158 providers and encompassing thousands of whānau members, Tariana Turia said she had been so confident that their approach would make a significant difference for New Zealanders, she sought the agreement of her colleagues to expand Whānau Ora nationwide over the next two years. The Government consequently invested an additional $30 million in Whānau Ora in this year’s Budget.

Central to the development of more holistic service delivery to whānau has been work to progress integrated contracts. These contracts bring together current funding that is received from several Government funders into a single contract.

The contracts are outcomes-based and relational, which means they are built on trust while still meeting accountability requirements. This is a key change for Government service delivery.

The Ministry of Social Development is actively engaged with 43 providers across the collectives that have expressed an interest in integrating contracts. By early this month, 10 contracts had been signed.

This is running concurrently with provider collectives developing Programmes of Action (POA), which identify how they will transform their service delivery to whānau.

The POA focus areas include: relationship management; infrastructure; integrated contracting; workforce and practice development; monitoring and evaluation and action research. By early this month 20 of the 25 provider collectives had submitted their POAs.

Tariana Turia said that alongside the implementation of Whānau Ora services there has been a steadily increasing demand for support for whānau planning and associated activities resourced from the Whānau Integration, Innovation and Engagement (WIIE) Fund.

Continues on page 17
It's hard to believe that we’re more than halfway through this year – so much has happened in the health and disability sector, and the calendar is just as full for the rest of 2011.

Here in Te Kete Hauora, staff have been busy focusing on a wide range of projects, continually working to improve Māori health outcomes.

One of these projects involves major innovations for Māori Health Plans, which will give District Health Boards (DHBs) a better way to plan and measure how they are improving the health of their Māori populations.

Te Kete Hauora’s Māori Participation and Business Unit Support team has been leading developments on the plan, working closely with DHBs and Ministry staff.

This year – for the first time – Māori Health Plans will be based on a standard template, with 15 national indicators related to Māori health. All plans will now have the same yearly time horizon, detailing what the DHB aims to do to achieve national, regional and district-level health indicators.

By doing this, we will have clear and consistent Māori health data across all DHBs that we can assess and monitor. We will be able to see where Māori health gains are being made, learn from these and plan ahead to build on successes.

DHBs and the Ministry will be monitoring these plans closely, and I’m looking forward to seeing the results.

If you’ve clicked on to www.maorihealth.govt.nz recently, you will have noticed Te Kete Hauora’s Māori Research Unit has produced a raft of useful publications. We’re outlining these resources in this edition of Ngā Kōrero.

Tatau Kura Tangata: Health of Older Māori Chart Book 2011 gives us a snapshot of the health of Māori aged 50 years and over.

It shows that older Māori have poorer health outcomes and a higher burden of chronic illness than older non-Māori and are more likely to be exposed to risk factors for poor health.

Findings like this add further impetus to the efforts of us all – from policy makers to health providers – as we work to improve the health of Māori. For this reason, I’ve enclosed a copy of the Tatau Kura Tangata Overview Spinning Wheel in our newsletter. The wheel is an easy-to-use, compact way to disseminate some of the chart book’s key information.

Māori oral health has also been centre-stage recently, with the release of three research reports: Oranga Waha – Oral Health Research Priorities for Māori: low-income adults, kaumātua, and Māori with disabilities, special needs and chronic health conditions; Future Directions for a Māori Dental Therapy Workforce and Evaluation of the Māori Oral Health Providers Project. These are all on our Māori health website.

Research that gives a voice to Māori living with a disability was
published in April: *Uia Tonutia – Māori Disability Research Agenda*.

In addition, our research team has also been busy analysing and publishing data that contributes to our understanding of how many Māori students are moving towards pursuing a career in the health and disability sector. This is important, because increasing the number of Māori health professionals is essential to providing appropriate care for Māori, their whānau and all New Zealanders.

In this edition of *Ngā Kōrero*, we also take a look at some of the excellent Whānau Ora work being carried out in the sector. These stories are just the tip of the iceberg. In the coming months, we will hear much more about early Whānau Ora implementation successes, and the hard work enthusiastically shouldered by so many committed Whānau Ora proponents.

E ai ki nga kōrero a ngā tupuna

‘Waiho i te toipoto – Let us join together

*Kaua i te toiroa – And not fall apart’

*Ko te tūmanako ka noho ora mai koutou kātoa i raro i ngā manaakitanga a ngā tupuna.*

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Call for health activism in addressing rheumatic fever

In mid-May 2011, the New Zealand Medical Association issued a damning report describing the endemic rates of rheumatic fever in New Zealand as evidence of a ‘striking health inequality’.

That inequality is manifest in rates in which Māori are 20 times and Pacific peoples 37 times more likely to be admitted to hospital with first time acute rheumatic fever than people of European or other ethnicity.

Inevitably, the impact of low income is a significant contributing factor and its association with inadequate housing, overcrowding, poor nutrition, and other social factors. But a prevailing concern must be what I can only consider to be indicators of institutional racism.

I’m thinking about issues such as limited access to health care and quality of care; restrictions around treatments; or reduced time in consultation with health practitioners.

We must not ignore inequities when they arise; we must be purposeful and bold in the response we make to ensure we achieve the change we need.

I am encouraging us all to become proponents of ‘health activism’.

We all know that rheumatic fever is a preventable disease. Ten days of oral antibiotic has been shown to greatly reduce the chances of rheumatic fever following a group A Streptococcal infection of the throat.

So, what I am suggesting is that when Māori and Pasifika children present at a doctor with a sore throat, they should immediately be given amoxicillin in an assertive front-end action that takes account of the social determinants of health inequity.

But health activism should not reside solely in the consultation rooms of the local general practitioner.

The New Zealand Medical Association has recommended that leadership is required from Government, specifically a whole-of-government approach which works together across agencies.

I have asked the Ministry of Health to lead this approach, bringing together PHARMAC, the Ministry of Education, the Ministry of Social Development, Housing New Zealand Corporation, the Energy Efficiency Conservation Authority, Te Puni Kōkiri, and the Ministry of Pacific Island Affairs.

I want this work to give particular emphasis towards supporting locally led approaches. But I also want to ensure the project benefits from collaboration with specialist groups such as the National Heart Foundation, and the Royal New Zealand College of General Practitioners.

And importantly, we must work with marae, with iwi organisations, with Pasifika providers and churches to raise awareness about sore throats.

What I mean by health activism, is inculcating the people with the knowledge and awareness on health to take appropriate action. In the case of the rheumatic fever campaign, this involves, for instance:

- local co-ordination and strengthening of frontline primary health care services
- school-based sore throat services to high-risk populations
- development of community awareness, health care worker training and clinical support tools
- rheumatic fever surveillance and service audit, research and evaluation.

Finally, whether it be washing hands and covering coughs, or inter-agency activity, all of us can play a part in addressing and preventing rheumatic fever.

Critically, the success of any intervention will come down to clear local ownership and control, a community development approach and leadership particularly from Māori and Pasifika communities and the GP or nurse at frontline services.
Launched in 2010, the Kia Ora Hauora national Māori workforce programme is aimed at recruiting Māori on to a health career pathway by 2012. To date, 2500 registrations have been received, exceeding the original target of 1000 students recruited.

National Co-ordinator at Counties Manukau District Health Board, Tuhakia Keepa, said that the four regional Kia Ora Hauora co-ordinators have been very effective in promoting and delivering the programme, as evidenced by higher than expected registrations.

‘Māori students registered with Kia Ora Hauora are saying that they appreciate the support the programme has provided at different stages of their learning,’ said Tuhakia.

He cites two Auckland University of Technology students who have been delighted with the impact Kia Ora Hauora has had on their career paths.

Dane Kereopa (Tainui) is studying toward a Bachelor of Health Science, majoring in physiotherapy.

‘I had been working as a personal trainer and wanted to step up my career,’ Dane said.

‘The Kia Ora Hauora website had profiles of real people in health careers and I realised physiotherapy could be for me. Kia Ora Hauora also helped me with my application into physiotherapy and my applications for scholarships.’

Krisie Hallett (Ngāti Tuwharetoa) is in her last year of midwifery studies. She said Kia Ora Hauora has helped her build relationships and connect with people who will help her transition into the workforce, something she would have struggled with otherwise.

Kia Ora Hauora offers a range of information and support services at national and regional levels, that is designed to help more Māori on to their preferred health career pathway. Information services include a dedicated interactive website, health career promotion activities, toolkits about health career educational requirements, career road maps and access to a range of Māori learning and education scholarships.

Support services include free study guides for students, access to mentors, connections to existing health workforce programmes, and wananga to motivate Māori student success.

Counties Manukau District Health Board, in partnership with Te Rau Matatini, co-ordinates Kia Ora Hauora nationally with four regional co-ordination hubs implementing programme activities at a regional and local level.

For more information on Kia Ora Hauora visit the website www.kiaorahauora.co.nz
Important changes to Māori Health Plans

District Health Boards (DHBs) will this year have a better way to plan and measure how they are improving the health of Māori living in their regions.

For the first time, 2011/2012 DHB Māori Health Plans will be based on a standard structure – a Ministry of Health-supplied template with 15 indicators monitoring Māori health.

These indicators cover key issues such as access to care, diabetes, cancer, smoking and immunisation, as well as other areas relevant to improving Māori health.

Te Kete Hauora Deputy Director-General Teresa Wall said using a standard structure will mean plans are comprehensive, consistent and more readily assessed and monitored. For the first time, all plans will have the same yearly time horizon and will detail what the DHB aims to do to achieve national, regional and district-level health indicators.

‘Māori Health Plans are planning tools, not a panacea,’ Teresa said.

‘This new plan structure will provide a consistent framework of nationally relevant health indicators, as well as giving DHBs the flexibility to address their particular circumstances and Māori health challenges.’

Māori Health Plans have been a long-standing operational requirement for DHBs. A review in 2009 highlighted the difference among plans and the difficulties this created for useful comparison, assessment and monitoring.

In 2010, a seven-member review group led by Dr Fiona Cram was convened by the Ministry to help establish measurable indicators to assess progress in improving health and reducing inequalities for Māori.

The group’s report, and subsequent work by the Ministry, resulted in the selection of the 15 indicators now in the new Māori Health Plan template.

Te Kete Hauora’s Māori Participation & Business Unit Support team has been leading developments on the plan, working closely with DHBs and Ministry staff.

Te Kete Hauora convened four regional meetings in Auckland, Hamilton, Wellington and Christchurch earlier this year to advise DHBs about the changes.

DHBs and the Ministry will be monitoring the targets and indicators included in the plans.

DHB perspective

Dr George Gray, Bay of Plenty DHB Māori Health Planning and Funding Public Health Registrar said:

‘Like other district health boards, Bay of Plenty has been busy completing its Māori Health Plan over recent months.

Completing this project in a robust manner required the review of data for both Māori and non-Māori in our area. Fortunately, we were able to draw on a health needs assessment for our area completed by the Ministry of Health in 2008. This process helped us to identify where significant disparities lie at a local level. Coupled with the national Māori health indicators, we have developed a plan which is tailored to local need and focused on the largest causes of mortality and morbidity for the Māori population.

The new approach to Māori Health Plans pioneered by Te Kete Hauora has brought renewed focus on Māori health in our area. Measurable baselines and targets coupled with ministerial support have garnered the attention of board members and DHB leaders. We now have a set of robustly developed indicators which are relevant, measurable and modifiable. This has enabled us to align the actions of the DHB, hospitals, PHOs and service providers, ensuring that we’re all moving in the same direction toward the same goals. For our population this process ensures we’re focused on the areas of greatest health gain.

We look forward to reporting our results a year from now. The Māori Health Plan has provided a reliable way to assess where we are now and where we need to be in the future. At present we’re
engaged in discussions with providers to ensure that contracts and agreements reflect the Māori Health Plan targets. We’re also working to streamline our data collection processes so that we have regular performance feedback to ensure we’re moving in the right direction. We’re learning from high performing organisations around the country like Hawke’s Bay DHB (immunisation) and Breast Screen South, which have eliminated inequalities. With clear targets, successful models of practice and a motivated team, we look forward to reporting our improvements one year from now.’

What are Māori Health Plans?

Every DHB has a Māori Health Plan to help it reduce health inequalities and improve the health of its Māori population. The Māori Health Plan is a key planning and accountability document, along with DHB Annual Plans and Regional Service Plans.

Each Māori Health Plan has four parts.

- Part 1 sets the scene with information on the demographic and health status of the DHB’s Māori population.
- In Part 2 DHBs can show, using the 15 health indicators, what they are doing throughout the year to progress national health priorities.
- In Parts 3 and 4, a DHB has the flexibility to select regional and district priorities to reflect the specific needs of its Māori population.

Because of its relevance for Māori health, those DHBs with high rates of rheumatic fever and/or Sudden Unexplained Death of Infants syndrome (SUDI) will include them as local priorities.

More rangatahi studying science subjects

More Māori teenagers are studying science subjects at secondary school, according to recently published information.

The Māori participation and attainment in science subjects (Year 11–13) findings, published online earlier this year by Te Kete Hauora’s Māori Research Unit, analyses 2009 Ministry of Education data. It looks at the Māori and non-Māori participation and attainment in science subjects, from 2004 to 2009.

The analysis shows Māori teenagers’ participation and attainment is increasing in subjects such as science, biology, chemistry and physics.

Students must study science subjects at secondary school if they want to become health professionals such as doctors, nurses, midwives, dentists and physiotherapists.

Increasing the number of Māori health professionals is vital to providing appropriate care for Māori, their whānau and all New Zealanders.

Useful subjects to study at school include chemistry, physics and biology for entry into clinical tertiary training programmes for health professionals such as doctors, dentists, nurses and midwives. Studying science-related subjects also opens doors to a range of sport professions, as well as other science-related jobs.

Te Kete Hauora Māori Research Unit manager Paula Searle said monitoring the participation and attainment of Year 11 to 13 Māori candidates studying science subjects is useful to determine the number of Māori better placing themselves for future careers as Māori health professionals.

To find out more, go to: www.maorihealth.govt.nz/moh.nsf/indexma/science
Integrated contract first for Hawke’s Bay provider

Te Kupenga Hauora-Ahuriri Chief Executive Officer Audrey Robin is ‘absolutely elated’.

That’s because in early June, the Hawke’s Bay Māori health provider she leads became the first in a Whānau Ora Collective to sign an integrated contract.

For Audrey, the shift from multiple contracts with the Ministries of Health and Social Development to a three-year, outcomes-focused contract was the culmination of a lot of hard work and ‘a wonderful achievement’.

She said Te Kupenga Hauora-Ahuriri will now be able to ‘tell our stories about what differences we are making to our whānau in the community, rather than just counting widgets.

‘It really hits the spot,’ she said.

‘This way of working will identify the differences we are making with our families. It means we can report to our funders in a holistic way, instead of just counting the numbers.

‘I am absolutely elated with this and very pleased for my staff. It’s not often you get to be first in the country.’

The Napier-based Māori health provider combined two of its Ministry of Social Development (MSD) and two of its Ministry of Health contracts into an integrated contract after meeting and talking with representatives of both funders.

MSD’s National Integrated Contract Advisor Rosie Nathan co-ordinated and led the process, resulting in the first integrated contract for a Māori health provider in a Whānau Ora Collective.

Audrey said the process worked well for her organisation.

‘I am very happy with it,’ she said.

‘The next step for us is to follow up with our other funders, build their confidence and see if we can do the same.’

Aimee Rensford, Ministry of Health National Health Board Public Health Group Portfolio Manager, who was involved with Te Kupenga Hauora-Ahuriri’s integrated contract talks, said it was a great start – the first integrated contract of many more to come around the country – and good for both funders and the provider.

‘It’s really valuable getting around the table, talking with all the funders and the provider. It means we have a better understanding of what the provider is being asked to do by all its funders,’ she said.

‘It is the start of a process where funders can build stronger relationships with their providers, so we can look at how we can best make it work for all of us.

‘And the provider can be more responsive with the communities it works with too. They are still accountable for getting results, but how they get there is up to them.’

Whānau Ora integrated contracts use the Ministry of Social Development’s results-based accountability framework. Providers and funders agree to outcomes, measures and a service approach that delivers holistically to whānau.

It means that providers can spend more time on service development and improving how they tailor their services to better meet whānau needs.

Te Kupenga Hauora-Ahuriri is in the Hawke’s Bay Hauora Whānau Ora Collective with Te Roopu Huihuinga Hauora.
Whānau Ora programme

Whanganui DHB stands out

Whanganui District Health Board’s work with Whānau Ora integrated contracting and its Māori health providers has been lauded as outstanding.

Iria Pene, the Ministry of Social Development’s Programmes and Integrated Contracts Manager, describes Whanganui DHB as a ‘stand-out’ example of a DHB that understands outcomes-based contracts and the importance of good relationships and trust with the providers it funds.

Iria says Whanganui DHB is fortunate its Population Health and Inequalities Manager Rowena Kui was already experienced in results-based accountability.

‘When we started working with Whanganui, Rowena had already begun to consolidate services into chunks where they can be integrated more easily,’ Iria says.

‘And it was clear to me that within the longstanding relationship between Whanganui DHB and its Māori health providers, there was a good level of trust. This is absolutely essential. That was the very first thing that impressed me.’

Rowena says because the Whanganui DHB had first-hand experience of the benefits of results-based accountability, it had already made a commitment to that style of service funding.

‘We’ve been working towards this for years – one step at a time, building it up, knowing that this is where we want to go. It is exciting,’ she says.

‘Our DHB has made a commitment to outcomes-based contracts for Māori providers and the principals of Whānau Ora. This is about making change happen – getting in there and doing it, looking at what we can change to help our providers become Whānau Ora lead agents.

‘When you look at the benefits for whānau in our communities, it’s well worth the effort.’

Rowena, who is also the Whanganui DHB’s representative on the local Whānau Ora regional leadership group, acknowledged that moving to integrated contracting requires a shift in thinking.

‘But Whānau Ora is much more than just the contract. It’s an important mechanism, but it’s not the whole thing. You have to look at the way organisations are working and take a broader view. We want to see the providers enhance the way they work with whānau, so they can become leaders in Whānau Ora.

‘Respect and trust between the Whanganui DHB and its providers is a key element in the Whānau Ora implementation.

‘We have good relationships with the Māori health providers. We sit down and talk with them regularly and we have a forum where we meet to discuss ideas, service planning and advice received. We’ve been doing this for some time now.’

Although Napier-based, Te Kupenga Hauora-Ahuriri has several Hawke’s Bay-wide contracts – Aukati Kai Paipa (Smoking Cessation), Kia Piki o te Ora (All Age Suicide Prevention and Health Promotion) Breast and Cervical Screening Support and Outreach Immunisation Services.

It also runs a primary health care mobile nursing service, where a registered nurse visits people in their homes, Healthy Lifestyle Coaching, and dental health/school-based nursing.

It has about 40 staff, three-quarters of whom are in the frontline working in the community.
Whānau feedback ‘fascinating’

When Te Ao Hou Whānau Ora Collective asked its families what whānau ora meant to them, the responses they got were ‘fascinating’.

Some of the themes that came through were:

- to have a good job that pays well
- I will not be afraid any more
- a connected and close whānau
- a full puku and not being sick
- attaining my dreams
- a warm, cosy house
- a life full of opportunities, not disappointments.

Linda Steel, the Eastern Bay of Plenty collective’s Project Co-ordinator, described the process of speaking with 40 different whānau from around the region as humbling, but also hugely positive and motivational.

“We realised when we started writing our Whānau Ora Programme of Action, that to be truly whānau focused, we needed to go to whānau and ask them to tell us what they wanted,” she said.

“What we got back was really, really fascinating. It’s proved to us that with Whānau Ora, we are on the right track. We have to bring ourselves back continually to the question of what our whānau want. As service providers, we need to listen to them, change our processes to meet their needs and walk along with them on their journey to help them reach their goals.”

The whānau feedback helped the collective inform its outcomes framework and Programme of Action.

It was also a hot topic among the collective’s kaimahi.

“We put the report out and asked our kaimahi to look at it when they had time and to see how it might make them approach their work in a different way,” Linda said.

“It’s a mind-shift change we are dealing with, and brings us back to reality all the time. What we think is good for whānau might not necessarily be what they actually want. And we have to listen to them.

“It’s been quite exciting for our team. From previous experience, we already knew the Whānau Ora way was the best way for us. Now we have the documented evidence, it gives us the heart to keep going.

“Our team members have a positive energy when they come to work. We don’t consider it mahi – it’s helping people reach their goals and is very liberating.”

Te Ao Hou Whānau Ora Collective has nine member organisations, giving it a wide geographical spread throughout the Eastern Bay of Plenty. As a collective, this way of working is relatively new. However, they are bound together by the communities they serve, whakapapa and a desire to lead change that benefits whānau and the wider community.

Its vision for families and generations to come is that they are happy, employed, financially stable, connected, healthy, educated, well-housed and self-sufficient.

Linda said the next step for the collective was its business case, detailing how it will approach the transformational changes that need to be made as it helps whānau move towards a better future.
Te Kete Hauora has released a report presenting a snapshot of the health of Māori aged 50 years and over.


The chart book provides a comprehensive review of Māori health data, with the statistical information accessible in an easy-to-use format. The most recent data available are presented for each indicator.

These indicators show that older Māori have poorer health outcomes and a higher burden of chronic illness than older non-Māori and are more likely to be exposed to risk factors for poor health.

The accompanying Overview Spinning Wheel provides selected indicators from *Tatau Kura Tangata* for 50 to 64 and 65+ year olds. This spinning wheel is an innovative way of disseminating information contained in this publication.

*Tatau Kura Tangata* provides access to robust and accurate data about older Māori people, which is essential to any policy and planning process within the health and disability system.

The chart book and spinning wheel will be useful to policy makers, service planners, District Health Boards, health providers, iwi providers, government departments, universities, students and the wider community to continue to focus on working to improve the health of older Māori.

Hard copies can be ordered from Wickliffe

moh@wickliffe.co.nz or 04 496 2277, please quote HP 5097 (*Tatau Kura Tangata*) or HP 5329 (Overview Spinning Wheel).

This publication is also available on the Ministry websites

www.moh.govt.nz/publications – click on ‘By Title’ and type in the chart book name – and

www.maorihealth.govt.nz
Energising rongoā practitioners’ hui

‘This rongoā practitioner hui was just what my spirit needed. I feel reinvigorated and alive . . .’

That’s just one of the many positive comments recorded after the first Te Paepae Matua mō Rongoā practitioners’ hui, held at South Taranaki’s Tauranga Ika Marae at the end of May.

Te Paepae Matua mō Rongoā works to protect, nurture and grow rongoā Māori.

About 80 people attended the weekend hui, supported by at least another 30 ringawera, kaiwaiata and kaimirimiri.

Spokesperson Christine Bullock said the wide range of workshops was well received by participants.

Some of the workshop topics included the history of Te Paepae Matua mō Rongoā, its tikanga and integrated rongoā model, contractual requirements, health and safety, wairua and mauri, rongoā rākau, hiko a moemoe and maara rongoā.

Hui facilitator Marilyn Vreede said, ‘the hui highlight for most participants was the walk through Aunty Olive Bullock’s rongoā garden on Sunday morning.

‘The mirimiri and romiromi from Te Kopere o Raehina rongoā workers and others who offered their services was also much appreciated by many lucky hui participants,’ she said.

‘We could never replicate the sense of oneness in healing when Aunty Olive joined us from hospital on Saturday morning.

‘This was a very powerful example of how effective rongoā can be. Eighty-five Paepae Matua, Paepae mahi and Pae whenua were totally focused on sending positive healing energy to a woman who has been instrumental in reviving the art of rongoā in its many diverse forms.’

Some comments from the hui

‘Tino ataahua te wairua o te marae, o te āhu, o te hui. Loved the gentleness of the āhu and the generosity of their sharing. The kai was phenomenal. Workshops were well facilitated, run to people time, which fitted well. Good information.’

‘An excellent hui had with āroha, māramatanga and passion, with the added wairua o te marae me ona tupuna, me te wairua o te environment. Ngā mihi āroha, ngā mihi mahana ki ngā kaiwhakahaere.’

‘We need a place for all rongoā practitioners to come together – hui – share – facilitate mai ra ano.’

‘. . . it was wonderful and I found it very rewarding and inspirational.’

‘. . . Looking forward to more rongoā practitioner hui in the future.’
Māori oral health reports released

Māori oral health was put into the spotlight earlier this year with the same-day release of three research reports.

*Oranga Waha – Oral Health Research Priorities for Māori: low-income adults, kaumātua, and Māori with disabilities, special needs and chronic health conditions; Future Directions for a Māori Dental Therapy Workforce and Evaluation of the Māori Oral Health Providers Project* were all released at the Te Ao Marama (New Zealand Māori Dental Association) conference in March.

*Oranga Waha* was produced by Te Rōpū Rangahau Hauora a Eru Pōmare (Wellington School of Medicine, University of Otago), in partnership with seven community organisations and Māori health service providers. It was jointly funded by the Ministry of Health and the Health Research Council of New Zealand. Research priorities identified in this report have formed the basis for further jointly funded research.

A request for proposals (RFP) is currently being advertised seeking research to contribute to improved oral health service delivery, improved oral health outcomes, and a reduction in disparities for three priority populations (Māori adults with low incomes, older Māori and Māori of all ages who have special needs, disabilities or medical conditions that affect oral health or dental care). The RFP closed on 17 June and further information can be found at [www.hrc.govt.nz](http://www.hrc.govt.nz).

*Future Directions for a Māori Dental Therapy Workforce* analyses the needs of this workforce over the next eight years. Policy implications for various scenarios to achieve optimal oral health services are presented in the research and will be useful for policy makers.

*Evaluation of the Māori Oral Health Providers Project* examines a Ministry project that provided one-off funding in 2007 to help five Māori health providers deliver oral health services. Four providers built mobile dental units and one developed a two-chair static clinic. The evaluation found that the project enhanced the position of the providers to deliver oral health services within their communities, as well as district health board understanding of Māori health provider capabilities and capacity.

To find out more about these reports, go to the Māori health website publications page: [www.maorihealth.govt.nz/moh.nsf/indexma/publications](http://www.maorihealth.govt.nz/moh.nsf/indexma/publications)

More Māori taking tertiary health courses

More Māori tertiary students are enrolling in health-related subjects, recent online analysis shows.

Ministry of Education tertiary information analysed and published online by the Māori Research Unit of Te Kete Hauora show that there were 83,785 Māori students studying in tertiary institutions in 2009. Of these, 12,016 students were enrolled in health-related subjects, an increase of 2393 Māori students from 2004.

Studying health-related subjects is necessary for Māori students who want careers in the health and disability sector.

Health-related subjects include: medical studies, nursing, pharmacy, dental studies, optical science, public health, radiography, rehabilitation therapies, and complementary therapies.

To find out more, go to: [www.maorihealth.govt.nz/moh.nsf/indexma/tertiary](http://www.maorihealth.govt.nz/moh.nsf/indexma/tertiary)
Monitoring the regulated Māori health workforce

The number of active Māori medical practitioners increased by 38 percent between 2006 and 2009.

This is just one of the many regulated Māori health workforce facts published online in April this year by Te Kete Hauora’s Māori Research Unit.

The unit used Ministry of Health and annual workforce survey data to give a snapshot of trends in the regulated Māori health workforce.

Occupations covered include medical practitioners, nurses, midwives, dentists, physiotherapists, psychologists, medical radiation technologists, dieticians, medical laboratory scientists, medical laboratory technicians, pharmacists, optometrists, dispensing opticians, podiatrists, osteopaths and chiropractors.

Other key findings include the following.

In 2009, there were 2803 active Māori nurses. Their main employers were District Health Boards, employing 1495, or 53 percent, of all active Māori nurses.

Between 2006 and 2010, the proportion of active Māori midwives was between 6 and 8 percent of the total active midwife workforce. During this time, the number of active Māori midwives increased by 29 percent. In comparison, the overall number of active midwives increased by 15 percent.

In 2008, there were 156 active Māori dentists, representing 5 percent of all active dentists. Of the active Māori dentists, 113 (or 72 percent) were female.

In 2010, 4 percent of all active physiotherapists were Māori. Seventy-three percent of active Māori physiotherapists were female.

To find out more about monitoring the regulated Māori health workforce, go to: www.maorihealth.govt.nz/moh.nsf/indexma/workforce

Innovation gets top results for Raukura Hauora O Tainui

Raukura Hauora O Tainui, a Māori health provider with more than 20,000 clients, has dramatically improved its immunisation rates by an innovative use of a common technology.

In January 2010, it implemented Vensa Health’s TXT2Remind practice-to-patient text messaging system across its North Waikato district general practices.

It was well below the national immunisation average rate of 88 percent but after using TXT2Remind for just over a year, nationally it is now among the top performers. Now it averages 98 percent coverage, with four of the five clinics at 100 percent coverage.

Chief Executive of Raukura Hauora O Tainui, Wayne McLean, said: ‘To improve health and prevent illness we need to be really smart about our time and resources to get the best performance we can. Every missed appointment is a missed opportunity to help someone. TXT2Remind has been a very effective tool to encourage people to access the services they need, when they need them.’

Performance has also been lifted across other scheduled programmes that require reminders and follow-ups such as mammograms and cervical screening.

The TXT2Remind automated recall process has reduced costs and administrative time, and freed up clinical staff so they can focus more on following up hard-to-reach groups.

Raukura Hauora O Tainui has also used TXT2Remind to contact patients with diabetes and has seen a significant improvement with more patients attending appointments to review of their condition.

Want to know more? Go to www.ithealthboard.health.nz/content/our-progress
Clinical leadership training for Māori nurses and midwives

Ngā Manukura o Āpōpō is a four-year programme designed to support the retention, recruitment and continuous development of Māori nurses and midwives practising in New Zealand, with a particular focus on clinical leadership and professional development.

Two groups of Māori nurses and midwives have completed Ngā Manukura o Āpōpō clinical leadership training so far this year, and a third group is due to start in August.

The first cohort successfully completed the training at Tūrangawaewae Marae, Ngāruawāhia in March this year. The second graduated in June at Tapu Te Ranga Marae, Wellington. By year-end about 60 Māori nurses and midwives will have taken part in the clinical leadership training programme, delivered by Digital Indigenous.com.

Ngā Manukura o Āpōpō Project Sponsor and Director of Nursing at Auckland DHB Taima Campbell is pleased with the response to the training programme.

‘Over four years we will see 160 Māori nurses and midwives take part in training designed to stimulate learning, discussion, debate and action on leadership and management, clinical competency, quality improvement, change management and people management.’

Taima said that Ngā Manukura o Āpōpō is currently working on a number of exciting initiatives. This includes an Employer Toolkit promoting the importance of ongoing professional development for nurses and midwives and Workplace Assessor Training to support Māori nurses with practical skills and knowledge to undertake competence assessment, mentorship and assessor roles within their own workplaces.

‘We are also involved in a collaborative project with the Tertiary Education Commission to produce an annual scorecard on the performance of nursing and midwifery education providers for their Māori students,’ she said.

‘The scorecard will acknowledge institutions and initiatives that address barriers to success through recruitment, retention and attainment and will be published annually.

Reducing barriers is also a theme in another project being sponsored by Ngā Manukura o Āpōpō, which is analysing entry data and retention activities that support Māori midwifery undergraduate students and reduce barriers to preparing future midwives.

Taima suggests those interested in workforce and professional development for Māori nurses and midwives should visit the Ngā Manukura o Āpōpō website and register for the e-pānui.

www.ngamanukura.co.nz

Ngā Manukura o Āpōpō graduates at Tūrangawaewae Marae are from the back row, left to right: Judyth Hilton, Jean Te Huia, Beverly Te Huia, Theresa Ngamoki (completing with next cohort), Queenie Mahanga, Angie Hakiwai, Christina Edmonds, Christeve Le Geyte, Hemaima Tait, Pipi Barton, Hinemanu Kelly, Beverley Joy Taare (completing with next cohort). Front row from left to right: Tania Hodges (Digital Indigenous), Penny Gittings, Pauline Brennan, Julia French, Mata Forbes, Grant Berghan (Digital Indigenous), Leigh Hikawai, Sarah McMillan and Lorraine Hetaraka-Stevens.
Giving a voice to Māori living with disability

Views of more than 300 people informed Uia Tonutia – Māori Disability Research Agenda, which was launched by Associate Health Minister Tariana Turia in April.

The 304 participants – made up of whānau living with disability, unpaid whānau carers, kaumātua and others – were collected at 11 regional wananga and 13 hui.

The aim of producing the agenda was to collaborate with whānau living with disability to identify and prioritise research that would help improve health outcomes for Māori and tackle inequalities experienced by Māori with a disability.

A key concern of whānau living with disability was that research should enable the voice of Māori living with a disability to be heard – this need is reflected strongly in the agenda.

The Ministry of Health and the Health Research Council of New Zealand co-funded a piece of research that provided the basis for the agenda to be developed. It was undertaken to address a concern that health research, particularly on disability, rarely focused on Māori. Better information about the impact of disability on Māori and their whānau will mean more informed decision-making at both health and disability and community sector levels. It will also enable whānau, hapū, iwi and Māori communities to have a greater role in decision-making.

The 2006 New Zealand Household Disability Survey estimated that about 96,000 or 17 percent of Māori were living with a disability, and that the disability rates of Māori were higher than non-Māori across all age groups.

Furthermore, 14 percent of Māori children aged up to 14 years had a disability, compared to 9 percent of non-Māori children in the same age range. Special education needs and chronic conditions, including heart problems, were the most common disability experienced by Māori children.

To read more about Uia Tonutia – Māori Disability Research Agenda, go to: www.moh.govt.nz/moh.nsf/indexmh/maori-disability-research-agenda-feb2011?Open

CPHROnline update

New Māori health information was recently added to the online health topics mapping tool, CPHROnline.

The Hauora Online data update has been provided by Te Rōpū Rangahau Hauora A Eru Pōmare (Wellington School of Medicine, University of Otago). It gives mortality data for a range of conditions including diabetes, cancer, lung cancer and ischemic heart disease.

A key feature is that information is available for the Māori and non-Māori populations, and at national and District Health Board levels.

The Centre for Public Health Research at Wellington’s Massey University produced CPHROnline in September last year, with support from the Ministry of Health.

To access CPHROnline go to http://cphronline.massey.ac.nz
The Hauora Online data can be viewed by clicking on dataviews, then clicking on Hauora Online.
Record numbers apply online for Hauora Māori Scholarships

A record number of online applications to the Hauora Māori Scholarships were received this year, the best year since the online application process was introduced in 2008.

Ministry of Health Chief Advisor Māori Wi Keelan said there were 1110 applications, a 60 percent increase on 2010 applications.

‘The team worked hard to make our application form more user-friendly this year and this helped students to submit well-documented applications,’ he said.

Wi acknowledges the support the Scholarships team received from national Māori workforce programme Kia Ora Hauora this year.

‘The Kia Ora Hauora regional co-ordinators liaised with tertiary institutes and attended hui in their regions, supporting students to complete their applications.’

With significantly more applications received in each category, most categories, with the exception of dentistry and physiotherapy, were fully allocated.

There were 86 applicants to a new category for Community Health Workers.

A selection panel made up of representatives from Ngā Kaitiaki o Te Puna Rongoā o Aotearoa (Māori Pharmacists) Ngā Maia o Aotearoa me Te Waipounamu (Māori Midwives), Ngā Manukura o Āpōpō (Māori Nursing and Midwifery Workforce Leadership), Ngā Pou Mana (Māori Allied Health Professionals) Te Ao Marama (New Zealand Māori Dental Association), Te Ohu Rata o Aotearoa (Māori Medical Practitioners) and Te Whiringa Trust (Māori Community Health Workers) met in May and selected 574 applicants across the 11 scholarship categories.

Wi said the quality of many applications in 2011 was outstanding.

‘The Hauora Māori Scholarships provides an additional 11 Excellence Awards, valued at $1000 each, for the top scoring candidate in each category. Given the calibre of this year’s applicants we awarded 14 Excellence Awards.’

Whānau must be architects of their own futures

About 1200 whānau, involving 14,000 people, are planning at whānau level and connecting to existing services where they need to.

Research, evaluation and monitoring to measure achievement of results have also been built into Whānau Ora. This action research with whānau to gauge the success of the design, implementation and impact of the approach is a vital benchmark for ongoing progress.

To date, 12 action researchers have been engaged to work with provider collectives and whānau to gather evidence, refine systems, processes and programmes to deliver whānau-centred services.

Formal programme evaluation will consider the success of the broader Whānau Ora approach.

‘Whanau Ora is about wellness, health and resilience. Wellbeing encompasses social, cultural, economic and environmental dimensions, and has particular implications for whānau health, education, housing, income, employment, relationships and wealth,’ Tariana Turia said.

‘We need to line up all the factors – from the government side of the equation, we need to be listening to whānau, and we need to support their solutions, their strategies, their suggestions as providing us with the pathway forward.

‘There is nothing as powerful as an idea whose time has come,’ she said.

‘Let us grab this moment with both hands and create a future we can all be proud of.’

Read more about Whānau Ora on pages 8 to 10.
Past Te Apa Māreikura winners – where are they now?

The launch of the prestigious Te Apa Māreikura Awards took place at the Museum of New Zealand Te Papa Tongarewa in September 2008.

The awards are in memory of four kaumātua: Anne Delamere (Te Whānau-a-Apanui, Te Arawa), Bill Katene (Ngāti Toa Rangatira), Denis Simpson (Ngāti Awa, Tuhourangi) and Rongowhakaata Wirepa (Ngāti Porou, Te Whānau-a-Apanui, Rongowhakaata). These kaumātua have made significant contributions to Māori health as Māori health advocates, Māori health leaders and Māori.

The two lucky recipients of the 2008 tohu were Lauren Assink (Pharmacy) Ngāti Tuwharetoa, Te Arawa, Ngāti Awa and ManuAroha Donaghy (Dentistry), Ngāti Haua.

Three years on . . . we hear from them about their chosen careers and where they’re at.

Lauren Assink

‘Being a recipient of the Te Apa Māreikura Tohu was an amazing experience. Looking back a few years on, it was definitely an integral part in furthering my career development.

Time has flown since 2008 – I have now completed my Bachelor of Pharmacy from the University of Otago and have successfully completed my internship to gain registration in the profession. I am now a registered clinical pharmacist currently working at Tauranga Hospital.

Winning the tohu was an extremely memorable experience and it has been the vector that has propelled me forward into my career. The tohu for me symbolises strength and support, a reminder of those before us that paved the way for change.

The financial constituent has been a massive help, allowing me to complete my studies and find balance in my life. I’ve become a volunteer surf lifeguard, a perfect mix combining my love of sport with a way to help people.

Having attended the Ngā Kaitiaki O Te Puna Rongoā (Māori Pharmacists Association) Hui held in Rotorua, it was awesome to see so much development in the profession and such amazing talent in our Māori students.

I am so thankful for all the support and encouragement I received throughout my education, leading me to a career that is challenging but extremely rewarding. From here I hope to further my skills in clinical pharmacy and use the knowledge to make a difference to our people.

I would like to congratulate all tohu recipients on all their hard work and determination. It is inspirational to see those striving to extend the footsteps of those who paved the way for us in Māori health. I look forward to seeing their achievements in the future.’
Te Apa Māreikura’s contribution to my academic achievements is one for which I will be forever grateful.

I received the scholarship at a very busy time in my degree. Being presented with such an honourable award assisted me in finding the strength to push on and finish my degree.

Te Apa Māreikura greatly alleviated the pressure I had in my fourth and fifth years of dentistry. I was able to buy much needed textbooks and a laptop so I didn’t need to leave the house as often. The greatest way the award influenced my studies, however, was by removing the need for me to work part-time to cover living expenses and the above costs. This allowed me to spend more time with my tamariki and my studies. The award sure lessened the load.

What I remember most about the day of the presentations was the presence of kaumatua whānau, their love and adoration for their loved one. It makes me remember that these were wives, husbands, mothers, fathers, aunties and uncles. Since the presentation, my whānau have lost three of our pou; ko Mary Teinati Wheki, Te Kahurere Light, rātou ko Paaka Whauwhau. When you lose someone close to you, you begin to reflect on what they have achieved in their lives and begin to understand what they have sacrificed for the betterment of other whānau members, hapū, iwi, motu.

Te Apa Māreikura is recognition of that sacrifice and an honourable tribute dedicated to these kaumatua who have made significant contributions to Māori health as Māori health advocates and Māori health leaders.

I recognise that more now, because my uncle and aunties were that foundation in our whānau. While they are dearly missed, we can build on their legacy and strive to finish their work, ‘kā pu te ruha ka hao te rangatahi’.

I graduated from the University of Otago with a Bachelor of Dental Surgery in December 2009 and was offered first choice of five locations to work in New South Wales, Australia. I am working part time in the public health system servicing a range of patients from medically compromised, elderly to low income patients in a hospital and community-based clinics in Forster and Taree. I provide dental care from relief of pain to full comprehensive care, and am also beginning work in an aboriginal-based clinic in these towns.

I want to gain as much experience here as I can and then return to Aotearoa with the knowledge and experience to be able to introduce and implement initiatives that will best serve our people.

I wouldn’t be here without my whānau. My mother, father and extended whānau have always encouraged and supported my endeavours, and I would not have accomplished what I have without them.

Māori excel in whakawhanaungatanga and if we continue in supporting our people to pursue whatever they put their mind to, they can live the life they dreamed of, just as I am.

Ehara taku toa i te toa takitahi, engari he toa takitini kē.

No reira ngā mihi mahana ki a koutou katoa.
Mauri Ora kia koutou katoa.
## Ministry of Health locations and how to contact us

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<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>AUCKLAND</td>
<td>Unisys Building&lt;br&gt;650 Great South Rd&lt;br&gt;Penrose&lt;br&gt;Tel: (09) 580 9000</td>
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<tr>
<td>HAMILTON</td>
<td>BNZ Centre&lt;br&gt;354 Victoria Street&lt;br&gt;Hamilton&lt;br&gt;Tel: (07) 858 7000</td>
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<tr>
<td>WELLINGTON</td>
<td>1–3 The Terrace&lt;br&gt;Wellington&lt;br&gt;Tel: (04) 496 2000</td>
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<tr>
<td>CHRISTCHURCH</td>
<td>Level 1, 6 Hazeldean Road&lt;br&gt;Hazeldean Business Park&lt;br&gt;Addington, Christchurch&lt;br&gt;Tel: (03) 974 2040</td>
<td></td>
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<tr>
<td>DUNEDIN</td>
<td>4th Floor&lt;br&gt;229 Moray Place&lt;br&gt;Dunedin&lt;br&gt;Tel: (03) 474 8040</td>
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